



Co. Cavan VEC Community Education Service Application for Funding - 2010



Date of Application _____

1. GROUP INFORMATION

Group/Organisation name:

Contact name:

Position in group/organisation:

Address:

Area the Group serves:

Tel: _____ Fax: _____ Mob: _____

E-mail Address: _____

Who is your target group (women, men, unemployed, travellers etc)?



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Main activities of the group:

Links with other agencies (if relevant):

Group tax or charity number (if relevant):

Number of employees/volunteers in group (if any):

2. BREAKDOWN OF APPLICATION:

We would like groups/individuals to give a more comprehensive overview of the course being applied for under the following headings:

a) What is the title of the course (or courses) being applied for?



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b) Who is the course targeting and how many people will benefit?

c) How did your group identify the need for this course?

d) Is your group interested in accreditation and further progression for participants?

e) Where will the course take place (VEC staff may visit and assess)?

f) Does your group have a preferred start date and start time for the course?

g) Have you received additional funding from elsewhere? If yes, from whom and for what amount?

Please return form to:

Ms Gemma Brady
Community Education Facilitator
Co. Cavan VEC Adult Education Services
Unit 12 Church View Square
Cavan Town